



1625
JMW
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Applicant : D. Dube, et al.
Serial No. : 10/534,582 Case MCO73YP Art Unit: 1625
Filed : May 11, 2005 Ex: N. Rahmanj.
For : 4-OXO-1-(3-SUBSTITUTED PHENYL-1,4-DIHYDRO-1,8-NAPHTHYRIDINE-3-CARBOXAMIDE PHOSPHODIESTERASE-4 INHIBITORS
.....

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

RESPONSE TO ADVISORY ACTION

Dear Sir:

This is in response to the Advisory Action of August 10, 2007, for which a response was due September 21, 2007. Applicants herein submit simultaneously with this response a Request for a one month extension of time. Reconsideration of applicant's claims is requested. Any additional fees required in connection with this response may be taken from Merck Deposit account no. 13-2755. Please amend the application as follows:

AMENDMENTS TO THE CLAIMS begins on page 2 of this paper.

REMARKS begin on page 9 of this paper.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on the date appearing below.

MERCK & CO., INC.

By Christina M. Jones Date 10/10/07



PATENT
CASE NO. MC073YP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

In re application of: DUBE ET AL.

Serial No. 10/534,582

Filed May 11, 2005

Group Art Unit 1625

Examiner Niloofar Rahmani

For: 4-OXO-1-(3-SUBSTITUTED
PHENYL-1,4-DIHYDRO-1,8-NAPHTHYRIDINE-3-CARBOXAMID
E PHOSPHODIESTERASE-4 INHIBITORS

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.
 The fee has been calculated as shown below.

CLAIMS AS AMENDED

| (1) | (2) Claims remaining after amendment | (3) | (4) Highest Number Previously Paid For | (5) Present Extra | (6) Rate | (7) Additional Fee |
|--|--|-----|--|-------------------------|-------------|--------------------------|
| Total Claims | * 11 | - | ** 31 = | 0 X | \$50 | = 0.00 |
| Independent Claims | * 3 | - | *** 3 = | 0 X | \$210 | = 0.00 |
| Multiple Dependent Claims | | | | | \$370 **** | = |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | | 0.00 |

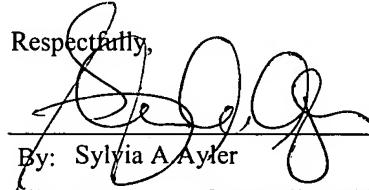
* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

**** Add this fee only if application is amended to include multiple dependent claims (regardless of number) and no multiple dependent claims were originally filed.

Charge \$ 0.00 to Deposit Account No. 13-2755. Please charge any additional fees or credit overpayment to Deposit Account No. 13-2755. A duplicate copy of this sheet is enclosed.

Respectfully,

By: Sylvia A. Ayler
Attorney for Applicant(s)

Reg. No. 36,436

MERCK & CO., INC.
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P.O. Box 2000
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Date: October 10, 2007

IN DUPLICATE